

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90005 003 ***143.75

DOCUMENT # L05000058772

1. Entity Name
GULF STATES RECYCLING, LLC



Principal Place of Business

10 SPRUCE STREET
PENSACOLA, FL 32505

Mailing Address

10 SPRUCE STREET
PENSACOLA, FL 32505

50008348



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2991343

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHIBBS, SUZANNE N
105 E. GREGORY SQUARE
PENSACOLA, FL 32502

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LIEBE, LARRY
10 SPRUCE STREET
PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LIEBE, RICHARD
10 SPRUCE STREET
PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMALT, STEVEN
10 SPRUCE STREET
PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LIEBE, RICHARD
10 SPRUCE STREET
PENSACOLA, FL 32502

Duplicated

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Richard R. Liebe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-8-08

Date

850/432-3619

Daytime Phone #